

C. CENTER FOR SUBSTANCE ABUSE PREVENTION

Overview

	1998 <u>Actual</u>	1999 <u>Appropriation</u>	2000 <u>Estimate</u>	Increase or <u>Decrease</u>
BA.....	\$405,920,000	\$465,150,000	\$444,850,000	-\$16,300,000

The impact of substance abuse reaches deep into the very fiber of this Nation. It is not only a social issue, but also a public health problem that dramatically affects both the individual and the public. Substance abuse is implicated in violence for both perpetrators and victims; vehicular and job related accidents and crashes; teenage pregnancies; drug exposed infants; suicide; and HIV/AIDS. A study released by the National Institutes of Health in 1998 estimates that the economic cost of alcohol and drug abuse was \$246 billion in 1992, the most recent year for which sufficient data were available. This estimate represents \$965 for every man, woman, and child. The enormous damage done to society by alcohol- and drug- related problems clearly underscores the need to redouble efforts to prevent substance abuse.

There is strong evidence that substance abuse prevention programs have been effective in reducing drug abuse among youth. This has been demonstrated by CSAP's own prevention initiatives and by national survey data which indicate that drug use rates have declined to about half of what they were in the late 1970's. Based on the preliminary results of the 1997 National Household Survey on Drug Abuse, there were about 13.9 million current users (or 6.4 percent of the total population) of any illicit drugs, which was down from 25 million (or 17.5 percent of the population) during the peak year of 1979. Sixty percent of the (1997) current users reported marijuana use only. Further, in the 1980's, fewer than 1 in 13 high school students indicated no lifetime use of drugs. In the most recent surveys, nearly one out of five of all 12th graders now report no lifetime use -- an increase of 250 percent.

Even with this dramatic multi-year drop in overall use, there have been significant increases in drug use rates among youth since 1992 and the overall number of users remains too high. Among the 12 and older population, 35% have use an illegal drug in their lifetime. This includes nearly a quarter of our 8th graders and about half of all high school seniors who have tried marijuana. The most recent surveys (1996 and 1997) are showing significant improvements in attitudes toward drug use, including the perception of harm and peer disapproval, and this has been accompanied by a leveling off in the actual rates of drug use. Similarly, the national youth surveys have shown increased use of alcoholic beverages in recent years, but the 1997 High School Senior Survey registered slight declines in alcohol use.

Demographics point to a surge in the youth population -- the 12-20 year old group will increase by 21% in the next fifteen years. This translates into an additional 6.75 million youth needing age- and culturally-appropriate substance abuse prevention services. Even if the rates of youth drug use remain constant, there will be many more drug-related problems due simply to the growing number of 12-20 year olds. The impact in measures of drug related violence, HIV incidence, academic failure, unemployment, and other

areas will be severe without adequate substance abuse prevention programming.

The Center for Substance Abuse Prevention (CSAP) is the lead public health agency responsible for reducing and/or eliminating substance abuse and related problems among the American public. Effective substance abuse prevention addresses all age groups and populations, but CSAP places particular emphasis on our youth who are particularly vulnerable. CSAP also places special attention on the unique needs of diverse populations and groups that have been identified as being at higher levels of risk for substance abuse.

It is important to emphasize that the success of prevention is really the absence, rather than the manifestation, of a behavior (substance abuse) and, as such, is not as simple to measure as tabulating increases or decreases in, for example, the number of beds (health care utilization) or reduction in the size of waiting lists for treatment. Substance abuse prevention, like other health promotion/disease prevention efforts, often must target those risk and resiliency factors found to be associated with later substance abusing behavior.

CSAP's principal role is to serve as the critical bridge in translating research findings into best practices and facilitating their practical application with the intended outcome of improving the quality of prevention services as well as the availability of effective substance abuse prevention programs within the States and communities. The activities carried out in support of this mission are all congruent with the SAMHSA Program Goals described in the GPRA Performance Plan. In addition, the majority of CSAP's activities are in support of Goal 1 of the National Drug Control Strategy -- To educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. In addition, CSAP's workplace programs are in support of Goal 3, Objectives 3 and 4 of the National Drug Control Strategy.

CSAP carries out its mission in three key ways:

Identify best practices and improve prevention outcomes -- The Knowledge Development and Application programs are the primary mechanism through which CSAP identifies, tests and evaluates prevention practices for diverse populations in real-life environments and fosters implementation of best practices by States and community-based providers. It is through these efforts that CSAP facilitates practical, cost-effective, systematic improvements in the quality of substance abuse prevention programming. Knowledge Development programs support targeted, short-term, practical services research studies of questions that have emerged within the professional community. Results from these behavioral and applied studies fill gaps in prevention knowledge, lead to the identification of best practices and ultimately to improved services and service outcomes for recipients of prevention services. Knowledge Application programs synthesize, translate, and disseminate best practices to the field and promote their use in States and local communities through technical assistance and training. Knowledge Application programs facilitate improved service quality and client outcomes by integrating scientific findings into local practice.

These programs address GPRA Goal 1: Bridge the gap between knowledge and practice, and GPRA Goal 2: Promote the adoption of best practices.

Address Critical, Targeted Prevention Capacity Needs - Program data shows that substance abuse

prevention does work. There are, however, always new trends or critical issues facing prevention service providers that current State and local capacity cannot meet. Current data from the National Household Survey on Drug Abuse and Monitoring the Future clearly show the depth and breadth of the need for prevention services across populations and geographic areas. Use and risk factors associated with later use are on the rise. State resources are not always adequate to meet these emerging needs. A critical example is the recent statistics from CDC's 1997 and 1998 HIV/AIDS Surveillance Reports which show an alarming increase in the incidence of HIV/AIDS among African American and Latino males and females.

CSAP's Targeted Capacity programs provide States and communities with resources to address not only the immediate capacity need but also to ensure that programs implemented in doing so use the best prevention practices available. These programs address GPRA Goal 3: Assure services availability/meet targeted needs; and GPRA Goal 2: Promote the adoption of best practices.

Strengthen Federal/State/Community Partnerships -- CSAP continues to work in partnership with other Federal agencies, States, and community providers to strengthen and promote comprehensive prevention programs. In particular, CSAP has pioneered in efforts to work with its strategic partners, by collaborating with the States and national prevention organizations, in the design and operationalization of a National Prevention System (NPS). The Strategic Plan for the NPS consists of actions to reduce those barriers which may inhibit communities from selecting and implementing effective prevention services and policies in our rapidly changing health care environment. In this way, CSAP and the NPS play a pivotal role as an agent of change in helping improve identification of service gaps and more effective utilization of our prevention resources by communities. Another key element of this Federal/State/community partnership is the 20% prevention setaside within the Substance Abuse Performance Partnership Block Grant. Through this mechanism, CSAP and the States can effect significant and cost effective improvements in the substance abuse prevention field through the implementation of best practices learned through CSAP's KD&A program. These activities address GPRA Goal 3: Assure services availability/ meet targeted needs; and GPRA Goal 4: Enhance service system performance.

FY 2000 Agenda

The FY 2000 budget reflects CSAP's commitment in moving the substance abuse prevention field forward into the 21st century. Its program agenda and portfolio continue to build on the strengths of our current programs and progress in identifying and implementing best practices and addressing critical prevention capacity needs of States and communities.

CSAP will support approximately four new State Incentive Grants within its Targeted Capacity Expansion Program.

CSAP will continue its efforts to broaden and strengthen a national substance abuse prevention system that is coordinated, comprehensive, integrated, and performance-based. It is through these efforts that CSAP will be able to effect real, systemic changes which result in improved substance abuse prevention outcomes.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
Center for Substance Abuse Prevention
Detail Budget
(dollars in thousands)

FY 1998 Actual	FY 1999 Enacted	FY 2000 Request
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Prevention KDA:	No.	Amt.	No.	Amt.	No.	Amt.
Grants:						
Continuations.....	81	\$31,878	34	\$10,516	131	\$15,459
Competing:						
New.....	18	1,238	130	18,400	---	---
Supplements:						
Administrative.....	---	---	---	1,500	---	---
Subtotal, Grants.....	99	33,116	164	30,416	131	15,459
Cooperative Agreements:						
Continuations.....	28	12,120	47	20,789	38	12,679
Competing:						
New.....	25	11,520	---	---	---	---
Subtotal, Coop. Agreements.....	53	23,640	47	20,789	38	12,679
Contracts.....	15	27,565	15	27,512	13	24,579
Total, Prevention KDA.....	167	84,321	226	78,717	182	52,717

Targeted Capacity Expansion:

Grants:						
Continuations.....	---	---	---	---	61	7,500
Competing:						
New.....	---	---	61	7,500		
Subtotal, Grants.....	---	---	61	7,500	61	7,500
Cooperative Agreements:						
Continuations.....	10	21,204	25	63,101	22	56,011
Competing:						
New.....	15	41,199	2	5,000	4	12,090
Subtotal, Coop. Agreements.....	25	62,403	27	68,101	26	68,101
Contracts.....	3	4,276	2	2,682	2	2,682
Total, Prevention TCP.....	28	66,679	90	78,283	89	78,283

High Risk Youth:

Cooperative Agreements:						
Continuations.....	---	---	13	5,980	15	7,000
Competing:						
New.....	13	5,954	3	1,020	---	---
Subtotal, Cooperative Agreements	13	5,954	16	7,000	15	7,000
Contracts.....	---	46	---	---	---	---
Total, High Risk Youth.....	13	6,000	16	7,000	15	7,000

C. CENTER FOR SUBSTANCE ABUSE PREVENTION

1. Knowledge Development and Application (KDA) Program

Authorizing Legislation - New legislation has been submitted.

	<u>1998 Actual</u>	<u>1999 Appropriation</u>	<u>2000 Estimate</u>	<u>Increase or Decrease</u>
BA.....	\$84,321,000	\$78,717,000	\$52,717,000	-\$26,000,000

2000 Authorization

PHSA Section 501Indefinite

GPRA Goal 1 -- Bridge the gap between knowledge and practice

GPRA Goal 2 -- Promote the adoption of best practices

Purpose and Method of Operation

CSAP's Knowledge Development and Application (KDA) efforts reflect a comprehensive and balanced portfolio of programs intended to develop and facilitate the use of practical knowledge generated from prevention theory, methods development, controlled trials, and other avenues of inquiry. This program is the principal mechanism through which CSAP identifies effective approaches in preventing substance abuse and implements its primary mission in bridging the gap between research and practice.

CSAP's *knowledge development* efforts field test effective research-based models with diverse populations and in unique settings to determine whether they are generalizable and effective in reducing substance abuse with a large number of youth and families in this country. They are focused on children, adolescents and adults and encompass prevention strategies aimed at individuals, families, communities, schools and workplaces. CSAP's grantee programs are rigorously evaluated to determine scientifically whether research-based prevention programs remain effective when implemented by community providers in real world settings with diverse populations. CSAP's knowledge development portfolio currently consists of the following programs: 1) the Developmental Predictor Variables Study; 2) the Starting Early Starting Smart Program; 3) the Children of Substance Abusing Parents Study; 4) the Parenting Adolescents and Welfare Reform Study; 5) the Aging, Mental Health and Substance Abuse in Primary Care Program; 6) the Workplace and Managed Care Program; 7) Community-Initiated Prevention Interventions; 8) Alcohol and Youth Studies; 9) Strengthening Families; and 10) the Women and Violence Study.

Through CSAP's *knowledge application* programs, results from these projects are synthesized, translated and transferred to the States and local communities who are helped to adopt and use identified best practices in their prevention practices. Once found effective, these prevention programs can be recommended to communities and States for implementation with State block grant or local funding. CSAP's major knowledge application programs include: the High Risk Youth Databank National Register of Effective Programs; Prevention Enhancement Protocol System; National Center for the Advancement

of Prevention; the Faculty Development Program; Federal Drug Free Workplace and Laboratory Certification Programs; Conference Grants; Public Education Efforts and Media Campaigns; Parenting is Prevention; the National Clearinghouse for Alcohol and Drug Information; and RADAR Centers and PREVline for the round-the-clock exchange of information.

CSAP's KDA discretionary programs build the knowledge base in substance abuse prevention, make research findings user-friendly, and promote the wide dissemination of research-based models to the prevention field. The KDA program works in tandem with CSAP's Targeted Capacity Expansion and Block Grant programs. All KDA programmatic efforts are interdependent and critical elements of the research to practice continuum. They are described in more detail below:

1. Bridge the gap between knowledge and practice -- Knowledge Development

CSAP's Knowledge Development (KD) efforts build a solid foundation of information about effective strategies to prevent substance abuse and related problems. CSAP's programmatic activity involves developing and assessing new and emerging prevention methodologies and approaches in real-life settings; collecting, analyzing, and synthesizing prevention outcome knowledge, and monitoring national trends in substance abuse and emerging issues.

Cross-site studies are designed to test the efficacy of research-based and/or popular programs and to answer major questions in the prevention field, such as: **Which are the most cost-effective prevention approaches for different populations?** and **Whether to provide school-based or community-based interventions to all children or families as compared to more tailored and targeted interventions to high-risk youth and families?** Cross-site studies link 8 to 14 teams of investigators into a **learning community** to share information on best practices, implementing prevention programs with fidelity, best evaluation instruments, and data analysis methods. Some of CSAP's projects link the best known NIH researchers into these collaborative studies. All cross-site studies use a conceptual process to agree on the same core outcome and process measures to facilitate cross-site analyses by coordinating centers. The KDA programs help fill the gaps where culturally-adapted prevention strategies and relevant materials are needed for diverse populations in need of prevention services, such as children of drug abusers, immigrant youth, suicidal and depressed youth, adopted or foster care children, and youth suffering from HIV disease, physical and mental handicaps, aggressive, violent or conduct disordered behaviors, depression and other emotional disorders.

Combined, CSAP's knowledge development programs form a strategic package that works to develop knowledge about prevention strategies effective across the life-span, with specific programs targeting early childhood, children and their families, adults, and the elderly.

A. Early Childhood

Starting Early Starting Smart (SESS) Cross Site Study.

Children growing up in poor families, especially those living in neighborhoods troubled by violence and substance abuse, suffer the most behavioral and health problems. Designed to address the needs of very young children (age zero to seven), the Starting Early Starting Smart program builds on research findings that early intervention and integrated services from a number of agencies are critically important to successful outcomes for very young children. This 12-site study is a public/private collaborative effort among SAMHSA's three Centers, the Health Resources and Services Administration, the Administration for Children and Families, the National Institutes of Health, the Department of Education and The Casey Family Program. See GPRA plan for standard measures, program specific measures, and update information.

Having interviewed and enrolled families in both primary care and early childhood service settings, SESS projects are generating new empirical knowledge about the effectiveness of integrating substance abuse prevention, substance abuse treatment and mental health services for children ages zero to seven and their families/caregivers who experience risk factors for substance abuse or mental disorders.

Importantly, projects are measuring processes being used to provide integrated services in order to understand the role played by specific service designs in program success and are using a common research design and data collection methodologies. In particular, projects are measuring differences in child, family/caregiver and systems outcomes (e.g., child attachment/bonding, substance abuse and psychological functioning, access, utilization, school readiness) that can be linked to non-traditional primary care or early child care settings that integrate behavioral health services. The Casey Family Program has indicated interest in sustaining some of the successful projects in this program after Federal funding ends.

SESS supports GPRA Goal 1 (Bridge the gap between knowledge and practice). See the GPRA plan for the standard and program specific measures. This program is also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

Developmental Predictor Variables 10-Site Study

This applied research initiative is a multi-site study which looks at four individual and environmental indicators (risk and protective factors) for alcohol and other drug use. It takes prevention research beyond identifying what works to also determining the sequencing of when interventions are most effective. This first-of-its-kind study will help determine at what developmental stage the introduction of specific prevention interventions deter later behavioral disorders and substance abuse. See GPRA plan for standard measures, program specific measures, and update information

The program derives from NIH research identifying the importance of early and repeated interventions over the lifespan. It is anticipated that successfully changing this developmental path toward deviant behavior will lead to healthy social and emotional development and promote mental and emotional well-being.

Ten projects were funded for a three-year period to study four specified developmental stages-- children ages 3 -5, 6 -8, 9 -11 and 12 -14. The projects follow each age group for two years, and then link the cohorts together to capture the developmental range from 3- to 14-years of age. The program is generating consistent, statistically significant, positive outcomes, with all sites using the same core process and outcome instruments. As a result of interventions delivered in the Predictor Variables program, investigators in Utah, Georgia, North Carolina and Washington have reported decreases in family conflict, aggression, and conduct disorders, improved cooperation and academic performance, and decreases in substance use among their study populations.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). See the GPRA plan for the standard and program specific measures. This program is also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

B. Youth and Adolescents

Prevention Interventions/Field Studies

This program, initiated in FY 1999, supports field-initiated projects that test, replicate, or extend to other populations substance abuse prevention interventions. Projects replicated have demonstrated effects for preventing, delaying, or reducing alcohol, tobacco, or illicit drug use among vulnerable populations in previous rigorously controlled experimental studies. The program's focus ensures maximum effectiveness potential for generalizability with many populations because tried models are adapted, with assistance as needed, and then applied under real world conditions. In this program, grantees will be able to refine, adapt, and implement effective research-based interventions for vulnerable populations in their local community settings and/or with diverse populations or conduct follow-up studies of research-based interventions that show significant positive effects to see how long these effects can be sustained over time.

Interventions such as family mentoring/support, school violence/school climate change interventions, and life transitioning interventions, and vulnerable populations such as persons with physical or mental disabilities, Native American and immigrant children, and persons living in rural areas are among the many possible focus areas of these programs.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco. Grants have not yet been funded for this new program therefore specific GPRA measures will be developed post award. Grantees will be expected to report on CSAP mission GPRA measures where feasible. Measures will also reflect progress towards achieving the goals of the GFA, specifically the extent to which the selected interventions and associated results prove sustainable, replicable and/or generalizable .

Alcohol and Youth

Extending efforts that address the impact of alcohol use and abuse by youth and adolescents, CSAP will

also continue to support two research activities being conducted in collaboration with the National Institute on Alcohol Abuse and Alcoholism (NIAAA). First, a five year research grant program started in FY 1998 entitled *Effects of Alcohol Advertising on Underage Drinking* will continue to determine whether alcohol advertising affects the initiation of drinking among youth, and whether alcohol advertising affects their consumption patterns. Grantees are exploring both short- and long-term relationships among exposure to alcohol advertising, alcohol expectancies and other mediating variables, (e.g., personality or family norms), and actual consumption of alcohol among youth.

In a second collaborative effort, CSAP will continue to partner with NIAAA and the Department of Education in a five-year research grant program begun in FY 1999. This program, entitled *Prevention of Alcohol-Related Problems Among College Students* seeks to identify, test, and/or develop effective interventions to prevent and reduce alcohol-related problems among college students and encourages three intervention approaches: (1) environmental interventions to change external contingencies that promote or inhibit college drinking; (2) individual-focused interventions that affect drinking behavior by influencing the knowledge, attitudes, and skills of the individual; and (3) multi-component interventions that include both approaches. CSAP is particularly interested in funding the assessment of environmental interventions.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco. CSAP, along with the Department of Education, is contributing resources to support this NIAAA program.

C. Families

Research evidence consistently shows that good parenting is a major factor in positive youth development and that programmatic technologies exist which have proven track records for improving parenting, increasing family functioning, improving children's outcomes, and preventing drug use and doing so at a relatively low cost. The programs implemented under this initiative are reinforcing and strengthening the role of parents in preventing substance abuse among youth. Included within this Initiative are several program efforts including:

Children of Substance-Abusing Parents (COSAP) Cross-Site Knowledge Development Study

Certain children are at increased risk for using tobacco, alcohol or illicit drugs because their parents abuse substances. Previous high-risk youth programs using the general population informed us that children of parents who currently abuse alcohol, tobacco and other illicit drugs are more vulnerable to using and abusing these substances themselves. At least 25% of the children of substance abusing parents will, themselves, become victims of substance abuse. These children of substance abusing parents (COSAPs) face significantly higher-than-average risk for early substance use, the development of dependence on substances, and a variety of physical and mental health problems. They are considered four times more likely than other youth to become alcohol- or drug-dependent. Addressing this issue, this knowledge development program, initiated in 1998, focuses on children of substance abusers who we know are at high risk for early onset, use and abuse of alcohol, tobacco and other illicit drugs.

The program focuses on three age groups of COSAPs -- 6-8, 9-11 and 12-14 year olds-- and their siblings whose parents are currently in or have attended substance abuse treatment programs. The programs are intended to determine the best prevention models and associated services for enhancing COSAPs' protective factors and minimizing their risk for developing substance abuse and/or other behavioral or emotional problems as a result of their parents' substance abuse. CSAP anticipates developing knowledge about effective and cost-effective practices and implementation strategies for prevention interventions for this population and about the impact that prevention interventions and associated services have on child substance abuse behaviors, parental substance-use behaviors, parenting skills, and parent-child commitment and bonding.

COSAP supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco. In addition to the GPRA mission measures, performance measures for this new program include:

Measure 1: Increase service receipt and dosage, such that 80% of test subjects will have received a uniform dose of 1
Measure 2:

For COSAPS, decrease by 5% from the FY 1999 baseline measures of the cognitive developmentally negative sequelae of their parents' condition by increasing academic performance and school attendance by at least 5% more in FY 2000 than the FY 1999 baseline measure.

Welfare Reform and Substance Abuse Prevention for Parenting Adolescents

In a similar vein, CSAP is addressing vulnerable adolescents who are parents of young children, who collectively face many critical, complex and pervasive problems that place them at high risk for substance abuse. Recent changes to the welfare laws that affect parenting teens' living arrangements and educational/training opportunities may lead to negative outcomes and increased risk for substance abuse. Strong association between teen parenting and childhood sexual and physical abuse and substance abuse may also result in some teens losing social supports and increasing their exposure to additional negative outcomes such as homelessness and HIV/AIDS.

CSAP's Parenting Adolescents Program, initiated in FY 1998, will continue to build the knowledge base about the effects of welfare reform on parenting teens and measure the effects of preventive interventions tailored to this population. The program is helping parenting teens resist substance abuse, improve academic achievement and complete school, avoid repeat pregnancies, and improve their life- and parenting skills, as well as their health and well-being. It is anticipated that grantees will generate new empirical knowledge about services (individual or in combination) that are most effective in: reducing the dependency of adolescent parents on "Block Grants for Temporary Assistance for Needy Families" (TANF); reducing and preventing substance use and abuse; eliminating or reducing subsequent pregnancies, and increasing academic performance, parenting and life skills.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is

also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco. In addition to the CSAP mission measures, program GPRA measures include:

Measure 1: Increase service receipt and dosage, such that 80% of test subjects will have received a uniform dose of preventive interventions by FY 2001 as compared to the FY 1999 baseline.

Measure 2: Decrease substance use 10 % from the baseline by FY 2001.

Strengthening Families

Initiated in FY 1999, this two year effort is intended to determine cost effective methods for disseminating information and training on research-based, family-focused prevention strategies and models in order to extend the application of these demonstrated effective models to multiple communities across the country.

Community agencies are being supported to determine the best parenting and family program that will address their local needs, trained to implement these programs with fidelity and to make the cultural modifications needed to be more effective, and assisted in evaluating their effectiveness in reducing drug abuse, child abuse and neglect, and children's violent and delinquent behaviors. The information gleaned from this study will help CSAP to better translate the effective science-based models that work to practitioners and to thereby better bridge the gap from research to practice. As part of this program, at least two communities in every State and Territory will be trained and funded to implement an effective parenting and family support program.

Public/Private Sector Workplace Models And Strategies for the Incorporation of Substance Abuse Prevention and Early Intervention Initiatives into Managed Care

Funded in FY 1997, this three year study is designed to assist CSAP in better understanding the nature and scope of promising managed care models for reducing the incidence and prevalence of substance abuse at the workplace, for employees and their families. The study is a collaborative effort between the public/private sector and CSAP.

It is important to understand the context of workplace-related substance abuse prevention within the health care system. The overwhelming majority of health care services delivered in the United States are provided through health plans funded by employers as a fringe benefit, not through publicly funded health care such as Medicaid/Medicare. The addition of substance abuse prevention, early identification and early intervention into private sector managed care and other health care plans across the nation is important to the Nation's health, since more than 115 million employees are covered under such programs (and with all covered lives, approximately 200 million Americans, out of a United States population of approximately 265 million).

Ultimately, widespread adoption of these programs, in both the public and private sectors through non-legislative means, will be facilitated by information documenting the cost and cost-effectiveness of successful programs. This program will reach more than 25,000 employees and many more covered lives in 20 - 30 sites across the nation.

Preliminary information indicates substantial gains resulting from prevention efforts in the workplace. In a retrospective analysis of an insurance related industry, the addition of substance abuse prevention materials to workplace health promotion offerings has led to improved attitudes and behavior related to substance use. Additionally, workers who participated in health promotion/substance abuse prevention interventions were more likely to access health care for alcohol and other drugs and related mental health problems. Further, employee injury rates can be reduced, as was the case in a nationwide transportation workplace program where preliminary retrospective analysis found that, over a 12 year period, employee injury rates were reduced when a peer-to-peer substance abuse prevention/early intervention program was introduced.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). See both the SAMHSA and GPRA plans for the standard and program specific measures. This program is also in support of the ONDCP National Drug Control Strategy Goal 3:

D. Women

Women with Alcohol, Drug Abuse, and Mental Health Disorders Who Have Histories of Violence.

Research has clearly shown that existing health care systems are not designed, nor are they prepared, to adequately address the problem of co-occurring substance abuse and mental health disorders and violence among women. CSAP will continue as a collaborative partner in this cross-SAMHSA community-based study designed to develop new, more effective programs essential to caring for female victims of violence and for their children who also may be affected. This initiative is being conducted in two phases: first, to develop an integrated system of care with services intervention models and qualitative evaluations and second, full scale implementation of integrated strategies, services intervention models and outcome evaluations. The study is expected to generate valuable knowledge on the confluence of violence and co-occurring substance abuse and mental health disorders and assist local communities in developing an appropriate blend of services that will address trauma-related problems experienced by women who have experienced at least two treatment episodes within either substance abuse or mental health systems.

Violence Against Women is a new cross-cutting initiative that seeks to promote the improved coordination of services to women and their families affected by violence. CSAP will work with CSAT and CMHS to provide cross training for service providers from diverse backgrounds and communicate information regarding new service approaches and improving service delivery systems.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 1. This cross-Agency program is currently developing its GPRA measures in conjunction with all participating entities. We anticipate that, at a minimum, CSAP GPRA measures will be used where feasible.

E. The Elderly

Aging, Mental Health and Substance Abuse in Primary Care Program.

Completing its focus on developing knowledge about effective prevention interventions across the life-span, CSAP will continue to partner with other SAMHSA Centers and HRSA in a collaborative effort designed to identify effective strategies for reaching the elderly population at risk for substance abuse. Substance abuse, particularly the combined use of alcohol and prescription drugs, goes largely undetected among adults over age 60. Psychosocial and health factors related to the aging process are the major contributors to alcohol and other drug use in older adults. In this program, grantees are seeking to determine the most effective models for delivering substance abuse prevention services for older adults within the framework of primary health care and how the location, type of provider, and type of health care financing affect the level of older adults' actual use of substance abuse services and their service outcomes.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 3. See GPRA plan for standard and program specific measures.

F. Community Interventions

CSAP Community Coalitions Program.

Projects funded under CSAP's Community Coalitions program are now nearly complete but findings from these programs are still being collected and synthesized. Funded coalitions had to consist of two or more partnerships (each partnership having to be a multi-organizational entity to start with). This program sought to create public/private sector linkages in communities among government, law enforcement, business, the faith community, health and social service providers, education, and the grassroots and to encourage coordination and collaboration in communities' efforts to prevent and reduce substance abuse and its related consequences. The strategies implemented by these programs include: prevention education and training, alternative activities, information dissemination, environmental initiatives (social policy and media strategies), and community mobilization. This program is based on knowledge gained from the prior CSAP Community Partnership Program, whose evaluation results are summarized below.

This program supports GPRA Goal 1 (Bridge the gap between knowledge and practice). This program is also in support of the ONDCP National Drug Control Strategy Goal 1. See GPRA plan for standard and program specific measures.

Knowledge Development Accomplishments

Since 1987, CSAP has supported the testing of a wide array of interventions to prevent substance abuse. These comprehensive demonstration programs focused on six identified domains (individual, family, school, peer group, neighborhood/community and society/media). The knowledge gained from these and other research efforts forms the basis for CSAP's Knowledge Development studies. These programs identify promising approaches, develop effective prevention strategies, evaluate innovative prevention methods, and monitor emerging issues and national trends. Examples of the positive outcome results for drug use and empirically-tested precursors of drug use found in CSAP grantee studies follow:

- < Preliminary results from the **Developmental Predictor Variable 10-site Cross-site Study** are demonstrating that age appropriate strategies are successful when they target the particular risk factors associated with each developmental level. For example, parenting behavior and family cohesion in the intervention group significantly improved; children in the intervention group significantly reduced aggressive behavior and increased social competency; and school attendance rates increased to 90%.
- < CSAP's **Community Partnership Program Evaluation** documented lower drug use rates for particular populations in partnership communities vs. comparison communities. Of particular interest is the unexpected gender difference finding in the results -- effects on rates of drug use for males were much stronger than for females, highlighting the need for gender-specific interventions. This knowledge results from applying research to real life contexts which is then fed back in the research loop to examine possible causes and successful strategies. For example, as a group, partnership communities were associated with lower rates of substance abuse relative to matched comparison communities; adult past month alcohol use was significantly different between partnership and comparison communities; and male substance use rates were significantly lower relative to the comparison communities in 1) adult illicit drug use, 2) alcohol past month use, 3) 10th grade past month illicit drug use, and, 4) 8th grade illicit drug use and past month alcohol use. Female substance abuse rates did not show these significant differences. The number of prevention services and activities increased by 300% for partnership communities.
- < CSAP's **Replication Grantee Program Cross-site Evaluation** has determined that programs with higher dosage and better fidelity to program design/implementation are more effective. Jan Miller-Hyle's *Dare To Be You* parent training program, for example, was culturally adapted by grantees in Colorado, California, and Utah for high risk Native American, African-American, Hispanic, Korean, Vietnamese, Samoan, and Tongan families of 3-5 year olds, showing significant improvements in protective factors such as improved family and parent/child relationships, parenting self-efficacy, democratic parenting style, decreased corporal punishment, children's cooperation, and social skills.

2. Promote the adoption of best practices -- Knowledge Application

After field testing promising approaches in Knowledge Development programs, CSAP's emphasis shifts to the synthesis and dissemination of the knowledge gained from these final study phases to the practical application of these strategies by States, communities and providers.

CSAP Knowledge Application (KA) programs are designed around a three-pronged approach to help substance abuse prevention practitioners and policy makers in States and communities systematically deliver and apply skills, techniques, models, and approaches to improve substance abuse prevention services. These efforts facilitate the synthesis and exchange of substance abuse prevention knowledge, technologies, and innovations among researchers, evaluators, practitioners, as well as laypersons, to enable successful adoption and use of effective approaches at national, State, and local levels. In the aggregate, CSAP's knowledge application programs complete the research to practice continuum by synthesizing and translating scientific findings into useable knowledge, programs and packages, disseminating that knowledge widely, and helping States, communities and individuals to adopt and use it to meet local needs.

CSAP's three-pronged approach is designed as follows:

a. Knowledge Application -- States, communities and local practitioners.

All of the following programs are in support of GPRA Goal 2 (Promote the adoption of best practices).

The knowledge application programs targeted to States, communities, local practitioners, and the general public are in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

CSAP's *Prevention Enhancement Protocol System (PEPS)* and *National Center for the Advancement of Prevention - II (NCAP II)* are primary examples of programs that collect, synthesize and translate and disseminate research- and practice-based findings in useable form for application in communities. PEPS is a pioneering initiative that develops program and intervention guidelines for the field. Following established Rules of evidence for assessing practice and research findings and combining this evidence into prevention approaches, the PEPS initiative has published two guidelines: Preventing Tobacco Use Among Youth: Community-Based Approaches and Preventing Substance Abuse Among Children and Adolescents: Family Centered Approaches. Additional PEPS guidelines in the developmental pipeline include: Reducing Problems Related to Retail Alcohol Availability: Environmental Approaches, Mass Media Approaches to Substance Abuse Prevention, and School-Based Approaches to Substance Abuse Prevention. CSAP's High Risk Youth Database and National Register of Effective Programs also serve to collect and transfer information on effective substance abuse prevention methods and models gleaned or derived from CSAP Knowledge Development programs to the field.

NCAP II enables CSAP to develop, synthesize, update, adapt and disseminate state-of-the-art prevention knowledge about what works in prevention, for whom, and under what conditions. NCAP II centralizes, in one initiative, the synthesis of scientific and practice-based prevention knowledge and creates useful activities and products to support decision-making by Federal, State, and community substance abuse policy makers, planners, and practitioners. NCAP II enables CSAP to make available knowledge-based tools, principles and models useful for developing prevention plans, making resource allocation decisions, implementing appropriate and effective prevention programs, and satisfying increasing demands for public accountability for cost-effective prevention efforts.

And, in broadening the impact of prevention science, CSAP's *Faculty Development Program (FDP)*, which includes schools of medicine, social work, psychiatry, and public health and residency training programs in preventive medicine, is continuing to develop a cadre of health professionals with an expertise in teaching and advocating for substance abuse prevention. This program, through its penetration into schools of public health will significantly impact managed health care executives in the future. The interdisciplinary training that FDP fellows receive uniquely prepares them to provide the integrated health services necessary to meet the population based challenges facing the American public. The faculty fellows, via their mandatory community linkages, are developing a bi-directional relationship with their communities assuring that their academic institutions become an integral part of the community, thereby undergirding its infrastructure.

CSAP will also continue to provide technical assistance to the DOJ Office of Juvenile Justice and Delinquency Prevention as they administer, on behalf of ONDCP, the Drug-Free Communities Program.

This program, initiated in FY 1998, supports community efforts to strengthen collaboration among communities, enhance intergovernmental cooperation, increase citizen participation, and disseminate to communities state-of-the-art information about proven, effective prevention initiatives and strategies.

b. Knowledge Application -- Workplaces

This program supports GPRA Goal 2 (Promote the adoption of best practices). The knowledge application programs targeted to the workplace are in support of the ONDCP National Drug Control Strategy Goal 3, Objective 3 and Objective 4: Promotion of drug-free workplace programs

CSAP has two major knowledge application efforts targeted toward applying substance abuse prevention knowledge within the workplace. CSAP will continue to operate the *Federal Drug Free Workplace (DFWP)* and *National Laboratory Certification (NLCP) Programs*. DFWP covers 1.8 million Federal employees in approximately 120 agencies. The program aims to reduce adult substance abuse demand in the Federal service. Comprehensive in nature, the program requires: a clear organizational policy of non-use and consequences of use; employee education about the dangers of drug use and the organizational policy; supervisor training about the organizational policy and their responsibilities regarding employee substance abuse; access to professional referrals for counseling and treatment as appropriate for each case; and drug testing, based on accuracy, reliability and correct and fair interpretation of results. The NLCP promulgates scientific and technical guidelines for Federal employee drug testing programs. It is designed to certify drug testing laboratories, develop a system and provide guidance to DHHS self-sustaining drug testing programs. NLCP certifies 72 laboratories in the United States to conduct workplace forensic drug testing, having direct impact on over 25 million workers nationally.

NLCP has also been the Federal focal point for developing and implementing non-military, Federal workplace drug testing related technical, administrative and quality assurance programs; NLCP certified laboratories impact about 8 million Federal and federally regulated industry employees annually. The DHHS/NLCP standards are considered the gold standard for drug-free workplace programs nationally, and are being incorporated into the drug testing programs in Canada and Mexico. In addition, the CSAP Workplace Helpline provides individualized technical assistance to businesses, industries and unions in the development and implementation of comprehensive drug-free workplace programs.

c: Knowledge Application - Public at Large

CSAP supports several major knowledge dissemination and application efforts whose primary focus is reaching and addressing the general public.

- < As part of the National Family Strengthening Initiative, CSAP's *Parenting IS Prevention* Program is strengthening existing anti-drug programs directed at parents and developing a drug focus for various parent groups that do not currently have a major drug focus by providing training, technical assistance and resources for parents in initiating drug prevention programs for youth. Under this component of the

Initiative, a parent training manual has been developed and ongoing meetings designed to mobilize parents at the community level are being conducted. CSAP will continue to assist communities in adopting science-based effective family strengthening programs which involve parents and other care givers, enhance youth resiliency, and reduce family psychosocial risk factors and that are expected to lead to reductions in youth substance abuse.

< *Public Education Campaigns.* Public education at the national level provides clear and consistent messages about substance abuse and its consequences. It also helps mobilize communities and people into action. CSAP's three major national public education campaigns are developed for specific target audiences. CSAP synthesizes science-based prevention research and uses social marketing approaches in developing these campaigns.

- The *Reality Check* Campaign is designed to help communities prevent new use and reduce existing use of marijuana among 9- to 14- year olds. Since its launch in 1996, the Campaign has been implemented by community groups and organizations at both State and local levels using the *Reality Check* Community Kit.

- The *Girl Power!* Campaign is designed to stem the erosion of self-confidence, motivation, and opportunity during the pivotal age of 9-14. It is during this period that girls become more vulnerable to negative outside influences, especially drug use. The campaign has reached over 85 million girls and adults. A new campaign targeting Hispanic girls modeled after *Girl Power!* will deliver tailored and culturally-relevant and use messages about alcohol, tobacco and illicit drugs tailored their needs

- Through collaborations with over 276 organizations and 59 national endorsers, including the Girl Scouts of the U.S.A., The *Your Time - Their Future* multimedia campaign urges adults to become actively involved in working with children, ages 7 to 14, to develop healthy and useful skills and interests. It encourages adults to volunteer and devote more quality time with youth in need of guidance and mentoring to prevent drug use. It is based on research showing that involvement in skill-building and structured activities will help youth develop the self competence needed to protect them from using drugs. Since its launch in November 1998, it has reached over one million people.

- CSAP's *Alcohol: We're Not Buying It* Campaign will continue to target alcohol use among underage youth.

The Public Education program supports GPRA Goal 2 (Promote the adoption of best practices). The knowledge application programs targeted to States, communities, local practitioners, and the general public are in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. See the SAMHSA and GPRA plans for standard and program specific measures.

< CSAP's *National Clearinghouse for Alcohol and Drug Information* is the hub of the Federal Government's effort to collect and communicate information about effective prevention, intervention, and treatment policies, programs, and strategies as well as an important link to scientific research on substance

abuse. In so doing, NCADI uses multi-level communications approaches to reach diverse audiences across the country. For more than ten years, NCADI has served as the nation's single point of entry for comprehensive, customer-oriented information services regarding substance abuse prevention, intervention, and treatment information. Demand for accurate, relevant, and concise information about alcohol and illicit drugs has grown dramatically since NCADI's inception in 1987. In October 1998, NCADI, the largest Federal health information clearinghouse, expanded call center operations to 24 hours a day, 7 days a week to respond to demand generated by the ONDCP National Youth Anti-drug Media campaign as well as various CSAP and HHS public education campaigns. NCADI has also taken on responsibility for CSAT's National Treatment Helpline.

NCADI supports GPRA Goal 2 (Promote the adoption of best practices). The knowledge application programs targeted to States, communities, local practitioners, and the general public are in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. See GPRA plan for standard and program specific measures.

Knowledge Application Accomplishments

CSAP's **National Center for the Advancement of Prevention (NCAP)** is the chief program effort that identifies, synthesizes, and translates research findings into user-friendly products ready for integration into practice. NCAP has performed critical literature reviews, including *Environmental Strategies for Substance Abuse Prevention: Analysis of the Effectiveness of Policies to Reduce Alcohol, Tobacco, and Illicit Drug Problems*, several Implementation Guides such as one on *The Role of Education in Substance Abuse Prevention*, Technical Reports such as *A Review of Alternative Activities and Alternative Programs in Youth Oriented Prevention*, and a series of large scale Meta-Analyses, each focusing on a specific topic area relevant to substance use prevention, including, for example, *Correlates of Marijuana Use Among Youth* and *Meta-Analysis of the Effectiveness of School-Based Programs*.

The **Prevention Enhancement Protocol System (PEPS)** is a CSAP initiative to develop evidence-based program planning and intervention guidelines for the field of substance abuse prevention. To date, two PEPS guides have been published: Reducing Tobacco Use Among Youth: Community-Based Approaches and Reducing Substance Abuse and Children and Adolescents: family-based Approaches. These PEPS have been very well received in the field and among CSAP's prevention allies nationwide. Reducing Tobacco Use Among Youth has been used extensively by the Centers for Disease Control and Prevention as part of their tobacco use prevention activities for adolescents. The Community Anti-Drug Coalitions of America (CADCA) plans to distribute the guides to their community coalition members; and the National Library of Medicine will include PEPS on its website.

The SAMHSA/CSAP **National Clearinghouse for Alcohol and Drug Information (NCADI)** responded to approximately 230,000 requests in FY 1998 and distributed over 22 million free or at-cost Federal publications and products. In its first two weeks, the ONDCP National Youth Anti-Drug Media Campaign resulted in a 121 percent increase in caller volume as a result of the media advertising in 75 media markets. Compared to the same timeframe in July last year, the increase in NCADI caller volume is 220

percent. This increased level of caller volume is expected to continue to escalate dramatically as the ONDCP media campaign expands. Demographic information indicates that 45 percent of the callers had seen the 1-800 NCADI number in a newspaper ad. The second largest exposure (35 percent) to the 1-800 NCADI number was from TV commercials. Callers identified themselves as from the general public in 55 percent of contacts. Prevention was the top subject of interest for 69 percent of the callers.

CSAP's **Reality Check** campaign focuses on preventing marijuana use by 9- to 14-year old youth. Its outreach thus far has included 1,648 articles in print media with a combined circulation of 40 million people; television news stories broadcast by all four major networks; other cable and local programs in major markets; a total of 189 radio stations, with an estimated audience of more than 5 million listeners, have broadcast a particular story 861 times; from January through July, 1998, there have been 176,786 web site hits.

Action at the community level as a result of the heightened interest and awareness has been facilitated by the development and distribution of user friendly materials such as a kit complete with examples and camera-ready materials, and a Guide for Parents and Caretakers on talking to youth about drugs. The campaign was adopted by the National Parent Teachers Association and thousands of Guides for Keeping Youth Drug-free (a Reality Check product) were distributed throughout its national chapters. Community-based activities growing out of Reality Check have been undertaken in Georgia, Kentucky, Michigan, and West Virginia.

In New Jersey, a project through the Governor's Council on Alcohol and Drug Abuse, the Partnership for A Drug Free New Jersey, DARE New Jersey, and the Department of Education was undertaken to focus specifically on reaching parents and caregivers of fifth graders in the state to stress the need for their involvement in talking about the marijuana problem in their homes, schools, and community settings. Thousands of CSAP's Guide to Keeping Youth Drug-Free were requested and made available to support this effort.

Since its launch in 1996, the **Girl Power!** campaign is becoming more visible and more entrenched into the local communities. As of November 1998 Girl Power! reached over 8.7 million people through messages, web site visits, and media circulation. There are 567,097 average monthly visits to the web site with each visit lasting approximately 7 minutes and 30 seconds. NCADI receives approximately 3,500 Girl Power! related phone calls per month. An average of three thousand calls a month are received by SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) for Girl Power! information. This number is down from 8,000 a month since a Girl Power! order form was included within the Girl Power! web site.

There is clear evidence of its impact on developing community public/private linkages. One example is Girl Power! and the Suffolk County Organization for the Promotion of Education (SCOPE). This Long Island organization is writing a grant for corporate funding to reach elementary and middle school at-risk girls with healthy prevention messages and teach them skill-building techniques for resilience and empowerment. They plan to make this a pilot program, evaluate the results, and disseminate the information through their connection with The National School Study Council, in the hopes that their program will become a Girl Power! model to be used across the country. SCOPE has been serving communities and school throughout Long Island, NY for the past 35 years and is nationally recognized for the excellence of their education

program offerings.

Girl Power! continues to receive recognition through numerous web site awards. Secretary Shalala received a 1998 Sara Lee Foundation Award in part for her Girl Power! Initiative, and our products have received awards.

Funding levels for the past five fiscal years were as follows:

	<u>Funding</u>	<u>FTE</u>
1995.....	\$238,234,000	---
1996.....	91,999,000	---
1997.....	155,869,000	---
1998.....	84,321,000	---
1999.....	78,717,000	---

Rationale for the Budget Request

The budget request includes a total of \$52,717,000 for CSAP's KDA portfolio. The available amount is approximately 34% below the FY 1999 funding level and is sufficient to support most programs at a reduced level. No new programs will be supported.

The FY 2000 budget reflects CSAP's commitment in moving the substance abuse prevention field forward into the 21st century. Its program agenda and portfolio continue to build on the strengths of our current programs and progress in identifying and implementing best practices and addressing critical prevention capacity needs of States and communities.

C. CENTER FOR SUBSTANCE ABUSE PREVENTION

2. Targeted Capacity Expansion

Authorizing Legislation - New legislation has been submitted.

	1998 <u>Actual</u>	1999 <u>Appropriation</u>	2000 <u>Estimate</u>	Increase or <u>Decrease</u>
BA.....	\$66,679,000	\$78,283,000	\$78,283,000	---

2000 Authorization

PHSA Section 501 Indefinite

GPRA Goal 3 -- Assure Services Availability/ Meet Targeted Needs

GPRA Goal 2 -- Promote the Adoption of Best Practices

Purpose and Method of Operation

CSAP's Targeted Capacity Expansion (TCE) program is designed to address the specific and immediate prevention service capacity needs within the States and communities. As such, TCE programs help States and communities address gaps in prevention services which often cannot be addressed via the block grant funding process. With a primary focus on improving prevention service capacity and fostering the use of current best practices in actual service systems, these programs assure coordination and consistency in services provided and enable the collection of client outcome data for use in program planning and monitoring accountability.

All of the Targeted Capacity Programs are in support of GPRA Goal 3 (Assure services availability/Meet targeted needs) and GPRA Goal 2 (Promote the adoption of best practices). The TCE initiatives discussed below are also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

CSAP's Targeted Capacity Expansion portfolio is comprised of the following major efforts:

1. Targeted Prevention Capacity Program -- State Incentive Grants (GPRA Goal 3)

CSAP's flagship Targeted Prevention Capacity Program effort is its State Incentive Grant (SIG) program, which uses a two pronged approach:

a) States utilize 85%, or approximately \$2.5 million, of each SIG grant funds to implement best prevention practices that address the immediate and critical prevention service capacity that is not, or has not been met via the traditional SAPT Block Grant funding stream. Most frequently the capacity needs occur in underserved populations and minority groups--including rural communities (e.g., in Kansas, Montana, Kentucky, and New Hampshire), as well as in American Indian and Alaskan Native jurisdictions (e.g., in Minnesota,

Oregon, Washington, Arizona and Alaska).

b) Utilize 15% of the funds by the State Governors to develop a comprehensive State prevention plan that utilizes all Federal and State funding streams for prevention in providing coordinated and integrated prevention services across the State. In this manner, States not only address the unmet, often critical, needs of their communities but also improve the availability and accessibility of both new and existing substance abuse prevention services. Implementation of the SIG program substantially shortens the amount of time that it would have taken States to reach this level of Statewide coordination and collaboration to prevent substance abuse.

As the cornerstone of Secretary Shalala's Youth Substance Abuse Prevention Initiative (YSAPI), the SIG program provides a unique opportunity for CSAP to work collaboratively with Governors and single state alcohol and drug abuse agencies to develop revitalized Statewide substance abuse prevention strategic plans, and to encourage and stimulate the identification, leveraging and/or redirection of funding for statewide substance abuse prevention. The bottom line impact of interest for the SIG projects is the reduction of alcohol, tobacco and illicit drug use in the target populations of the local sub-recipient communities. Many of the individual SIG grantees have other long-term, health-related outcomes of interest: reductions in juvenile delinquency, teen pregnancy, violent behavior, etc; however, they typically have several outcomes in common: alcohol use; tobacco (smoking) use; marijuana use; and other illicit drug use. In general, measures of actual use of each of the substances listed above included four primary indicators: lifetime use, annual use, 30-day use, and age of first use. Finally, the importance of evaluation in this far-reaching CSAP initiative is being emphasized at all levels.

Targeted Capacity Programs are in support of GPRA Goal 3 (Assure services availability/Meet targeted needs) and GPRA Goal 2 (Promote the adoption of best practices). GPRA plans for the standard and program specific measures. The TCE initiatives are also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

2. Targeted Capacity Enhancement -- Centers for the Application of Prevention Technologies (CAPT) (GPRA Goal 2)

CSAP's National CAPT Program is the major mechanism used to provide support to CSAP's State Incentive Grant (SIG) program. The fundamental mission of CSAP's national CAPT Program is to promote the adoption of best practices in meeting the expanded and targeted capacity needs within States. The existing body of substance abuse prevention knowledge and experience at the Federal/national, State, and local levels provides clear and convincing research-based evidence that prevention works. However, much of that evidence has not been brought to bear on practice in States and communities across America. The process of transferring proven research to daily application involves packaging knowledge into practical, user-friendly formats, which are culturally appropriate and sensitive to State and community needs, and then facilitating its adoption in the field. The CAPTs provide skill development and capacity building services that are targeted to SAMHSA/CSAP's State Incentive Grant program grantees as well as other States and their communities. Areas (all related to substance abuse prevention) that are addressed by the national CAPT program include: assessing prevention materials/media; cultural competence; evaluation and research;

identifying science-based programs; organizational development; prevention fundamentals; prevention in a specific setting (e.g., managed care organizations, workplace, correctional facilities); risk and protective factors; and technology (e.g., teleconferencing, Internet).

Organized according to the National Prevention Network's geographic regions, five organizations were selected to serve as the regional CAPTs beginning in FY 1998. In FY 1999, a sixth CAPT, the Border CAPT, was awarded to serve the unique substance abuse prevention needs of the U.S.-Mexico border area.

Each CAPT grantee brings a long and successful history working in the prevention field with diverse expertise in skills development and training, publishing, conferencing, personalized technical assistance to Single State Agencies and other entities, electronic media, community coalition-building, social marketing, evaluation, and grassroots mobilization.

The national CAPT program is expected to achieve increased accessibility to proven substance abuse prevention strategies; expanded State and local capacity in the substance abuse prevention knowledge application process; increased access to and use of electronic methods in the region; and established regional capacity for ongoing training and technical assistance. The national CAPT program also expects to identify the most effective delivery methods for helping communities adopt and sustain the use of research-based prevention programs, practices, and policies and the configurations of skill development and capacity-building activities that produce the greatest systems change.

In summary, the national CAPT program is moving the knowledge and information 'off the shelf' or 'off the page' and into practice so that State Incentive Grantees, their subrecipients, and other States get the benefit of substance abuse prevention research in efficient, direct, and user-friendly ways. Transferring proven research and getting it used at the State and community levels is an ongoing process of turning information into practical procedures that are put into practice in the field.

Targeted Capacity Programs are in support of GPRA Goal 3 (Assure services availability/Meet targeted needs) and GPRA Goal 2 (Promote the adoption of best practices). GPRA plans for the standard and program specific measures. The TCE initiatives are also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco

3. Targeted Prevention Capacity -- Substance Abuse Prevention and HIV/AIDS Prevention for Youth and Women of Color (GPRA Goal 3)

This effort, initiated in FY 1999, responds to the pressing state of emergency that exists with respect to the extent and impact of HIV/AIDS on the African American community as highlighted by members of the Congressional Black Caucus (CBC). The overwhelming majority of AIDS cases among African American women and children is directly or indirectly attributable to alcohol or illicit drug use. The CBC has characterized the burden of HIV/AIDS on racial and ethnic minorities as a severe and ongoing crisis which requires both immediate measures and a long term commitment to resolve. The Substance Abuse Prevention and HIV/AIDS Prevention Initiative for Youth and Women of Color focuses on providing substance abuse prevention and HIV prevention services to African American youth and women of color, with a particular

emphasis on building capacity, through training and technical assistance, in those communities with the highest incidence rates.

A major component of this initiative is a Substance Abuse/HIV Prevention Targeted Capacity Expansion program which provides funds to community-based organizations, Historical Black Colleges and Universities, Hispanic Colleges and Universities, Faith communities, and other coalitions and/or partnerships for the purpose of strengthening the integration of substance abuse prevention and HIV prevention services at the local level and increasing the provision of integrated services to African American youth and women of color.

The HIV/AIDS initiatives will also work with CSAP's Centers for the Application of Prevention Technologies (CAPTs) to enable them to integrate HIV prevention into their substance abuse prevention materials and curricula and to help build capacity within the CAPTs to provide training and technical assistance to community based organizations and other providers in those communities devastated by HIV disease. Finally, the HIV/AIDS initiative will partner with national organizations to undertake several key roles, including accessing and retaining minority youth and women in prevention programs, providing training and technical assistance to local affiliates for the prevention of substance abuse and ensuring the applicability and feasibility of proposed community programs, coordinating and convening the component service and training programs of the initiative, and providing technical assistance to the CAPTs in the incorporation of HIV prevention within substance abuse prevention materials and curricula available from them.

Targeted Capacity Programs are in support of GPRA Goal 3 (Assure services availability/Meet targeted needs) and GPRA Goal 2 (Promote the adoption of best practices). The TCE initiatives are also in support of the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco. This TCE component is in the process of developing its GPRA performance measures. Where feasible, CSAP GPRA mission measures will be used.

Taken together, CSAP's TCE portfolio represents a comprehensive effort to improve the quality and availability of effective research-based prevention services at the point of services delivery. This is occurring through the implementation, at the community-level, of science-based prevention programs that are part of integrated, comprehensive, state-wide prevention strategies and systems. This initial investment in the reduction of duplication, overlap and fragmentation and, at in the scientific enhancement of applied prevention interventions, will yield significant cost savings at the community, State, and national levels over the long term.

Targeted Capacity Enhancement Accomplishments

1. State Incentive Grants -- By FY 1999, CSAP will have awarded a total of 21 Targeted Prevention Capacity, or SIG, grants. Already, dramatic progress has been achieved, and outcomes can be reported:

- Governors of the States with SIG awards have formed prevention councils and state-wide advisory committees appointing State legislators, government officials, community leaders, and corporate executives to advise them on allocating prevention dollars. Some have initiated media roll-outs, held press briefings and issued Executive Orders, all of which are promoting the merits of this critical capacity expansion and systems building program. *In Vermont, for example, Governor Dean convened a town meeting on adolescent substance abuse in December 1998 that drew more than 450 community people. Kansas Governor Graves has formed a new Kansas Prevention Council.*
- The first five States to have been awarded a SIG award have already successfully awarded 137 subrecipient community-based prevention grants for a total of close to \$11.2 million. *As part of this funding, Oregon is providing \$2.4 million to 36 counties and approximately 8 Federally recognized Native American tribal governments. In addition, Kansas has issued 31 community grants; Illinois, 28; Vermont, 23; and Kentucky, 11. CSAP anticipates that more than 350 additional communities will be funded from the 16 SIG grants awarded in FY 1998 and FY 1999.*
- The first five State awardees have also begun to identify, leverage and redirect funds for community-based substance abuse prevention efforts. States are making significant contributions of State money, related resources, in-kind support and staff to these grants. In particular, Governors' offices are supporting the grant program with evaluation expertise, State and community data collection efforts, community training, and technical assistance teams. *For example, Kentucky alone has leveraged an additional \$1.1 million in funds--and it plans to award an additional 10-12 subrecipient grants by the end of the State's fiscal year. In Oregon, the collaboration between the State Incentive Project and the Governor's Juvenile Crime Prevention Project expects to leverage approximately \$30 million.*
- As a result of the SIG program's emphasis on collaboration, more States are beginning to think of substance abuse prevention from a broader, systems standpoint. *For example, in addition to Oregon's collaboration with juvenile justice, Illinois has not only looked at the various funding streams coming into the State but has begun to build relationships with the various agencies from which these monies would be redirected. From this vantage point, State agencies in Illinois now have a closer working relationship, have built new levels of trust and have a broader, systems perspective.*
- Technical assistance to the community grantees also illustrates SIG States' commitment to ensuring the high quality of local prevention efforts. *For example, Vermont convened an orientation for its grantees to help them begin planning for implementation, refine their evaluation plans, and learn*

more about model programs and strategies. Kentucky held a training for its 11 grantees designed to refine their logic model for effective evaluation. Kansas= 13 Regional Prevention Centers will provide training and technical assistance to its subrecipient awardees.

- Working closely with CSAP, the first five SIG states recognize the importance of accountability and evaluation. By consensus, they have developed a comprehensive evaluation framework, identified common measures and selected standardized instruments to be used across sites. Analyses of these cross-site data will add value to local sub-recipient communities as they gauge their own success and strive to modify programs and strategies to reduce substance abuse and related behaviors in their communities.

2. Centers for the Application of Prevention Technology (CAPTs): The five regional and one border CAPT have been making steady progress and have been well received by client States and communities. For example:

- Each of the first five CAPTs has established a regional advisory body to reinforce existing relationships and initiate new ones, building the capacity of each of its State members and the overall region.
- CAPTs are educating, informing and influencing the States through regional Web sites, workshops, and newsletters.
- CAPTs are developing materials, such as the Western CAPTs' [Developing Healthy Communities: A Risk and Protective Factor Approach to Preventing Alcohol and Other Drug Abuse](#), the Central CAPTs' [Prevention and the Internet](#) booklet, and Southeast CAPTs' [Puerto Rico Prevention Directory](#).
- The newest CSAP CAPT, at the Mexican Border, tailors materials and assistance to meet the unique needs of communities in the four States that share a common border with Mexico; this CAPT is coordinating skills development and technical assistance delivery with the Southwest and Western CAPTs.
- The Department of Education has supplemented CAPTs to deliver substance abuse prevention knowledge application efforts to States for implementation in schools.
- CAPTs, at the request of ONDCP, delivered training and technical assistance to the Office of Juvenile Justice and Delinquency Prevention's first round of Drug-Free Communities Act grantees.

Funding levels for the past five fiscal years were as follows:

	<u>Funding</u>	<u>FTE</u>
1995	---	---
1996	---	---
1997	---	---
1998	\$6,679,000	---
1999	78,283,000	---

Rationale for the Budget Request

The FY 2000 budget request provides a total of \$78.3 million for CSAP's Targeted Capacity Expansion portfolio. This funding level will provide support for all ongoing activities within the SIG, CAPT, and HIV/AIDS initiatives. Also included within the request are funds to support approximately 4 new State Incentive Grant awards. There are no funds requested to support any new CAPT or HIV/AIDS efforts.

C. CENTER FOR SUBSTANCE ABUSE PREVENTION

3. High-Risk Youth

Authorizing legislation - Section 501 of the Public Health Service Act

	<u>1998 Actual</u>	<u>1999 Appropriation</u>	<u>2000 Estimate</u>	<u>Increase or Decrease</u>
BA.....	\$6,000,000	\$7,000,000	\$7,000,000	---

2000 Authorization

PHSA Section 501.....	Indefinite
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GPRA Goal 1 -- Bridge the gap between knowledge and practice

Purpose and Method of Operation

Since 1987, CSAP has supported the testing of a wide variety of interventions to prevent substance abuse among children and youth. These demonstrations have been comprehensive and have focused on the major domains--individual, family, school, peers, community -- which impact the life of a child. Based on knowledge gained from these and other research efforts, it has been found that intervening in a child's developmental trajectory during certain vulnerable stages, to improve family functioning, school performance, and enhance life management skills, will ultimately decrease the likelihood of substance abuse. As a result, CSAP initiated a new program in FY 1998 to target high-risk youth, in particular, those youth who are at high risk for becoming substance abusers and/or involved in the criminal justice system. These youth are disconnected and alienated from the institutions and norms of mainstream society and are more likely to associate with peers that share this attitude, and to develop a set of attitudes and practices that either conflict with those of the mainstream or simply reflect a limited sense of future. Family dysfunction adds to this alienation. Alienated youth with few family and community supports are considerably more at risk for substance abuse and for becoming involved in risky and delinquent behaviors. Because of these factors, CSAP's Project Youth Connect seeks to address these issues and to intervene with these youth while they are at a period in their lives when positive influences can still have an effect.

CSAP's Project Youth Connect supports GPRA Goal 1 (Bridge the gap between knowledge and practice). See both the SAMHSA and CSAP GPRA plans for the standard and program specific measures. The program also supports the ONDCP National Drug Control Strategy Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

Project Youth Connect is a knowledge development program designed to identify best practices in prevention or reducing substance abuse or delaying its onset in youth (9-15 years old) by improving: school bonding and academic performance; family functioning and overall life management skills. Youth in this age

group are known to be vulnerable to environmental influences leading to substance abuse. The program uses two intervention strategies: 1) Youth only model where interventions include academic support, tutorial assistance, individual/group counseling, conflict resolution, problem solving, peer resistance behavior, violence prevention activities, substance abuse prevention, alternative/recreational activities, and community service activities, and 2) Youth/Family model which includes the interventions from the youth only models as well as a family component which includes parent effectiveness training, parent support groups, family bonding activities (picnics, family outings), support to parents in conducting school conferences, and support to other siblings in the family.

CSAP is evaluating the effectiveness of mentoring interventions in diverse programs that not only utilize community volunteers, but also employ health and human service professionals to work closely with the mentees, their families/caregivers and school personnel. CSAP is also evaluating whether mentoring interventions alone or those in combinations with other interventions and services for both the youth and families/caregivers are the most effective in reducing substance abuse. They will also examine their effectiveness in reducing family and school violence, and improving community/school environments.

The Project Youth Connect Coordinating Center plans to have the survey instruments translated into Spanish for youth and their families who have English as their second language. Pending availability of expertise and financial resources, translation services will also be provided for those study sites serving first generation Asian American families. These translated instruments could prove to be useful to other researchers conducting national surveys. Some of the items in the instruments are from national survey protocols i.e. National Youth Survey (NYS), Causes and Correlates Family Attachment measures; Individual Protective Factors Index (IPFI).

Project Youth Connect Accomplishments

This science-based program is only a few months old. Thus far,

- ! In September 1998, CSAP funded 12 study sites and 1 coordinating center to implement this Knowledge Development Program. Three additional study sites were funded October, 1998. Examples of programs funded to date include:
 - C a Philadelphia, PA, program which targets 120 low income African American middle school youth who have been bystanders to serious violence in their home, school, or community, and/or who may have been directly affected by violence;
 - C a program in Northern Colorado which is working with Hispanics, Mexican Americans, and European Americans ages 11-14 in two middle schools to improve academic performance, school bonding and life management skills among high risk youth;
 - C a program in St. Louis, MO., which is working with sixth graders from severely distressed neighborhoods in the city; and

C a program that is working with high-risk Chinese and Vietnamese immigrant youth from primarily low-income families with limited English proficiencies from areas around and within Los Angeles, CA.

! A conceptual framework for conducting the cross-site coordination of instrumentation, key indicators for data collection and documentation of success are currently being developed

Funding levels for the past five years were as follows:

	<u>Funding</u>	<u>FTE</u>
1995.....	---	---
1996.....	---	---
1997.....	---	---
1998.....	\$6,000,000	---
1999.....	\$7,000,000	---

Rationale for the Budget Request

The FY 2000 budget request provides a total of \$7,000,000 million for CSAP's Project Youth Connect. This level will provide full funding support for the 15 study sites and one coordinating center awarded in FY 1998 and FY 1999. No new awards will be made.

C. CENTER FOR SUBSTANCE ABUSE PREVENTION
4. Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Authorizing Legislation - New legislation has been submitted.

	1998 <u>Actual</u>	1999 <u>Appropriation</u>	2000 <u>Estimate</u>	Increase or <u>Decrease</u>
BA.....	\$248,920,000	\$301,150,000	\$306,850,000	+\$5,700,000

2000 Authorization

PHSA Section 501 Expired

GPRA Goal 3 -- Assure services availability/meet targeted needs

Purpose and Method of Operation _____

CSAP administers the primary prevention component of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) as it applies to 60 States, jurisdictions, and one Indian Tribe. The Block Grant 20% Prevention Setaside Program is one of the largest substance abuse prevention programs funded by the Federal Government. Twenty percent of the SAPTBG funds allocated to States according to legislative formula must be spent on substance abuse primary prevention services as outlined in Block Grant legislation. States vary widely in the extensiveness and scope of their prevention services. While some depend entirely on the 20% set-aside to support their activities, others use these funds to fill gaps and enhance existing programs=impact. The legislation is intended to have each state: 1) commit an absolute minimum of federal dollars to prevention, and 2) develop and sustain a Acomprehensive primary prevention program. Six strategies are mandated and include: information dissemination; education; community mobilization; alternatives; environmental change; and problem identification and referral.

The SAPTBG supports GPRA Goal 3 (Assure services availability/meet targeted needs.) See both the SAMHSA and CSAP GPRA plan for the standard and program specific measures. The SAPTBG also supports Goal 1 of the ONDCP National Drug Control Strategy: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

SAPTBG Accomplishments

Many States are dependent upon the Substance Abuse Prevention and Treatment (SAPT) Block Grant for funding of their State-wide prevention systems. Specific examples of the outcome from States use of these funds are as follows:

\$ The Colorado Alcohol and Drug Abuse Division (ADAD) spent approximately \$3.5 million, combined with other resources, to support a range of alcohol, tobacco, and other drug prevention services to groups at risk. Prevention programs were encouraged to impact on multiple levels of social structures such as

individuals, families, groups, institutions, and communities. Programs conducted in schools, communities, and the workplace have been shown to have resulted in the following changes: increased awareness of substance abuse problems; the use of positive approaches to prevention services; enhancement of providers' prevention skills; development of curricula, education and training materials. Colorado has adopted CSAP's MDS software and is working with CSAP to enhance and expand its ability.

\$ Nevada, through the Bureau of Alcohol and Drug Abuse, funds 86 primary prevention programs addressing such risk factors as academic failure, cultural isolation, family management, gang activity, school dropout, and youth violence. Funded activities include the provision of a statewide alcohol, tobacco, and other drug abuse prevention information dissemination clearinghouse; the support of forty-one prevention education projects ranging from preschool targeted activities to numerous parenting projects targeting parents in challenging environments; the funding of fourteen community grants whose purpose is to provide alternatives to drug use and gang involvement; the identification of problems through the funding of six sites targeting populations at risk of substance abuse; the provision of grants to two communities to enhance/promote community organization in an effort to address substance abuse issues; and, the provision of funds to focus on addressing the sale of tobacco products to youth.

\$ States have progressed in their ability to comply with the Synar Amendment. Enacted in 1992, it seeks to reduce the sale of tobacco products to minors. In the last year, the authorities responsible for requirement enforcement and CSAP have made significant progress in developing enforcement infrastructures for this explicit purpose. Of the 51 such authorities (50 States and the District of Columbia), all have laws prohibiting the sale or distribution of tobacco to minors, and they are enforcing those laws. The median noncompliance rate of sales to minors as reported by the States in 1998 was 24.4 percent. This is a significant reduction from the median rate of 40 percent reported in 1997 and pre-1997 studies that found noncompliance rates ranging from 60 to 90 percent. Twelve States reported 1998 noncompliance rates of 20 percent or less. Three States reported noncompliance rates below 10 percent. All States have plans in place to ensure that their noncompliance rate is 20 percent or less by FY 2002. CSAP provided technical assistance (TA) to forty (40) States to support the implementation of programs and strategies that help prevent youth access to tobacco products. Most TA focused on helping States develop sound sampling designs to accurately assess their non-compliance rates.

In addition, a total of five percent of the Block Grant annual appropriation is required to be set-aside for Federal data collection, evaluation of programs supported by the Block Grant, and technical assistance. Of this five percent, 20% is available for prevention. Set-aside funds are used to conduct and utilize data from needs-assessment studies; to improve program planning, development, and services delivery; to provide on-site technical assistance, and other services to enable State agencies maximize the effectiveness of their investment in prevention. A complete discussion of the use and accomplishments of the activities supported by CSAP utilizing the five percent set-aside is included in Section E.

Funding levels for the 20% prevention set aside for the past five years were as follows:

	<u>Funding</u>	<u>FTE</u>
1995	\$246,821,000	10

1996	\$246,821,000	10
1997	\$248,920,000	10
1998	\$248,920,000	10
1999	\$301,150,000	10

Rationale for the Budget Request

The FY 2000 budget provides a total of \$1,615,000,000 for the Substance Abuse Prevention and Treatment Block Grant. Of this total, 20%, or \$306,850,000 represents the prevention set-aside to be used by States in implementing substance abuse prevention programs within the six categories listed above.